

PART B - FEE(S) TRANSMITTAL

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 Commissioner for Patents
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7590 08/23/2005

Flynn Thiel Boutell & Tanis
 2026 Rambling Road
 Kalamazoo, MI 49008-1699

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(Depositor's name)
(Signature)
(Date)

11/28/2005 SDENBOB2 00000055 10069157

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/069,157	05/24/2002	Gillian Cockerill	R&G CASE 334	1761

TITLE OF INVENTION: HIGH DENSITY LIPOPROTEIN AGAINST ORGAN DYSFUNCTION FOLLOWING HAEMORRHAGIC SHOCK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES NO	\$700 \$1400.	\$0	\$700 \$1400.	11/23/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
TELLER, ROY R	1654	514-021000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 FLYNN, THIEL, BOUTELL
 2 & TANIS, P.C.
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. Reel 016808/Frame 0712

(A) NAME OF ASSIGNEE

ZLB BEHRING AG

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bern, Switzerland

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
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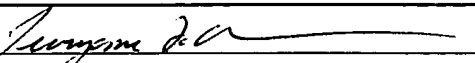
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- ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date 11-23-05

Typed or printed name

Terryence F. Chapman

Registration No.

32 549

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PATENT APPLICATION



IN THE U.S. PATENT AND TRADEMARK OFFICE

November 23, 2005

Applicant(s): Gillian COCKERILL

Title: HIGH DENSITY LIPOPROTEIN AGAINST ORGAN DYSFUNCTION
FOLLOWING HAEMORRHAGIC SHOCK

Serial No.: 10/069 157

Group: 1654

Confirmation No.: 1761

Filed: May 24, 2002

Examiner: Teller

International Application No.: PCT/GB00/03182

International Filing Date: August 16, 2000

Atty. Docket No.: R&G Case 334

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TRANSMITTAL FOR FORM PTOL-85 (PART B)

Sir:

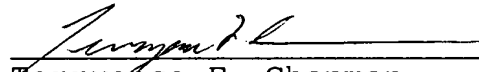
Enclosed is Issue Fee/Publication Fee Transmittal Form PTOL-85 (Part B) and a check in the amount of \$1,400.00 to cover the Issue Fee and Publication Fee (if required).

The Commissioner is hereby authorized to credit any overpayment of, or to charge any deficiency in, the patent issue fees or publication fees required under 37 CFR 1.18 to Deposit Account No. 06-1382. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

IN DUPLICATE

TFC/ad


Terryence F. Chapman



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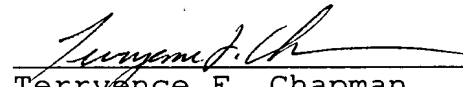
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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 23, 2005.

Respectfully submitted,


Terryence F. Chapman

175.05/05